	CLAI	MS AS F	LED - PART	1			076	6610	
TOTAL CLAIMS			Column 1)	(Column 2)		SMALL EN TYPE	STITE		OTHER 1
FOR					1	RATE	FEE		MALLE
TOTAL CHARGEABLE CLAIMS		IMO	UMBER FILED	NUMBER EXT	RA	BASIC FEE	385.00		RATE
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MULTIPLE DEPENDENT CLAIM PE		AIM PRESE	minus 3 = *			X43=	-	7 -	\$18=
	ence in column	1 is less th	nan zero, enter "	0" in column 2		+145= TOTAL		1"	86= 90= TAL
4 F	CLAIM: REMAINI	NG	(Column HIGHES NUMBEI	2) (Columi		MALL EN		OR SM	HER TH
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lotal	*	Minus	PAID FOR	EXTRA	RATE	TIONAL		RATE	ADDI- TIONAL
·	*	Minus	**	=	X\$ 9=		OR	X\$18=	FEE
IRST PRESE	TATION OF MI	ILTIPLE DE	PENDENT CLAIM		X43=			X86=	
le entry in action	- 4 4 4				+145=		OR		
16 "Highest Num 16 "Highest Num	ber Previously Pal ber Previously Pal	d For IN THIS	mn 2, write "0" in col 3 SPACE is less than 3 SPACE is less than Independent is the	umn 3. 1 20, enler *20 *	TOTAL		OR	+290=	
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